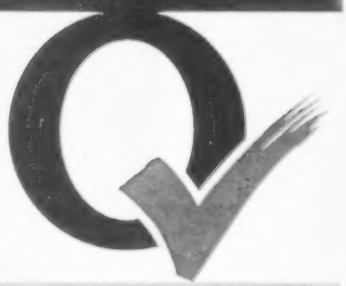
STRATEGIC PLAN

HEALTH QUALITY COUNCIL



a vision for

2004—2005

105-02914/

HQC Aim and Objectives

The aim of the Health Quality Council is to improve the quality of health care and the caring experience – for both patients and providers – by encouraging use of best evidence about what works in our health care system. We will do this by:

- Ensuring continuous, objective reporting of quality performance;
- Initiating and supporting quality improvement projects; and
- Engaging providers, patients, and the public as partners in quality improvement.

Engaging our partners

Supporting QI

Reporting on performance

The ultimate goal of our health care system is to maximize the health and well-being of the population. In pursuit of this goal, we will aim to improve the following dimensions in health system performance, including:

- Appropriate use of evidence-based health services;
- Timely access to these appropriate services;
- Smooth patient navigation through the health care system;
- Respect for patient preferences for care;
- Patient satisfaction with care; and
- Safety in the health care environment.

An important step in providing the highest quality of care for patients is to ensure a high quality caring experience for providers. The HQC will strive to:

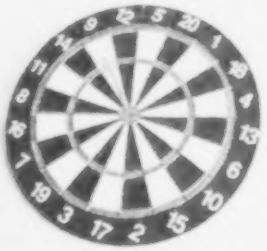
- Promote high quality health care workplaces;
- Build a culture of quality improvement which:
  - is patient-focused;
  - offers a blame-free, collaborative environment for promoting quality improvement;
- Identify optimal system configurations, in terms of the desired number and mix of health professionals and model of care, to ensure access to appropriate services for patients and a sustainable workload for providers;
- Demonstrate how a high quality care experience for providers leads to better patient care.

We must always put the patient first, or we will lose the 'heal' in our health care.

Anonymous

HQC Operational Targets in 2004/05

In order to fulfill the aims and objectives listed above, the HQC needs to commit to completing a variety of critical tasks in the coming fiscal year. We denote these tasks as "operational targets." From the payor's perspective, these operational targets may be considered analogous to deliverables. These operational targets may be used to evaluate, at the end of the fiscal year, whether or not the HQC has achieved its specific objectives for the year.



The proposed operational targets for 2004/05 are as follows:

- Forging a province-wide consensus on QI priorities for specific patient groups;
- Defining the first version of a list of core, standardized quality indicators for use in Saskatchewan;
- Securing access to de-identified administrative health system data in Saskatchewan;
- Developing processes to collect additional data as needed to measure quality of care;
- Publishing and disseminating multiple public reports on quality indicators in this fiscal year;
- Supporting the establishment of QI teams throughout the province, with the aim of improving quality in HQC priority areas;
- Providing expertise to these QI teams on an as-requested basis;
- Aim to see at least some QI teams in Saskatchewan complete a full PDSA (plan-do-study-act) cycle with measurement before and after a quality intervention.

Our definition of quality:

Quality health care is care that is:

Accessible

Safe

Effective

Patient-centred

Timely

Efficient

Equitable

Quality health care:

Your goal...

and ours!

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HQC Strategies for QI

Improving the quality of health care and the caring experience requires the coordinated efforts of stakeholders throughout the health care system. The HQC aims to support these stakeholder efforts by developing, among its staff, nuclei of expertise in different strategies for implementing quality improvement. We have organized those strategies into two key strategy areas – **Quality Measurement and Analysis**, and **Knowledge Exchange**. Within Knowledge Exchange, there are three sub-areas: *Linkage and Exchange*, *Quality Improvement Implementation*, and *Communications*.

Quality Measurement and Analysis (QM&A)

Quality measurement and analysis activities are essential to demonstrating the opportunity for improving care, identifying best practices, and measuring the impact of programs or interventions to improve quality. Activities in QM&A include:

- Identification of quality indicators, and validation of their use in Saskatchewan by local stakeholders;
- Administrative database management, including:
  - successful negotiation of data access agreements;
  - documentation of information held in different databases;
  - data quality checks and data cleaning procedures;
- Collection of primary data for measurement of indicators not available in administrative data;
- Development of privacy and confidentiality policies and protocols regarding health data;
- Analysis of variations between different provider groups or geographic regions;
- Longitudinal analysis of indicators before and after QI interventions to assess their impact;
- Operations research / systems analysis, examining unnecessary steps or delays, miscommunications, or improper handoff of tasks within the system and opportunities to improve process flow in the provision of health services.

The packaging of information produced through QM&A activities for use by the public, patients, providers and planners will be discussed in the subsequent section on knowledge exchange.

QM&A efforts will tend to be centralized, given the importance of measuring quality consistently from one provider or region to the next, in order to make valid comparisons. In contrast, for provider and patient-focused interventions, the HQC philosophy is to allow for ample opportunities to tailor the intervention to local needs, preferences or circumstances.

HQC Strategies for QI continued

Knowledge Exchange

Knowledge exchange within the HQC and between the HQC and the various stakeholders in the Saskatchewan health system is facilitated through ongoing interpersonal interactions and organizational linkages. We define three components of knowledge exchange:

Linkage and Exchange

Activities in this area include:

- Environmental scanning, including the identification of:
  - general health system issues affecting the HQC's work;
  - new ideas and opportunities for QI activities;
  - barriers to quality improvement;
- Relationship-building with stakeholders and opinion-leaders;
- Linking stakeholders with common interests and knowledge to share information about experiences with QI and best practices;
- Tracking interactions with major stakeholder groups, so that any HQC staff approaching a particular organization will be aware of past issues or concerns raised by either side, key messages to target to the stakeholder group, and the main interests and objectives of the stakeholder group;
- Engaging the public in a dialogue about ideas for QI and feedback on HQC's current activities;
- Building a consensus on provincial QI priorities among the government, the public, provider groups, RHAs and other stakeholders.

Our values

Changing the culture: improving the quality of health care requires managers and providers to change the way they think about their work.
Sharing successes and learning: peer-to-peer sharing of lessons learned—particularly successes—demonstrates what is possible.
Engaging patients: patient feedback on the care they receive is a powerful tool for improvement.
Partnering with managers and providers: people are more open to change if they are involved in determining what that change looks like.
Basing improvement on evidence: quality improvement must be rooted in the best evidence, not tradition or opinion.
Organizing for results: enthusiasm, training, and collaboration are not enough; quality improvement demands goal-focused systems and measurement tools to chart progress.

HQC Strategies for QI continued

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HQC Strategies for QI continued

Quality Improvement Skill Building

In order to facilitate quality improvement initiatives, the HQC must be prepared to equip individuals, organizations, and the health system with the skills for quality improvement. Key elements of this strategy include:

- Provide training on QI principles. In order to conduct QI, potential QI leaders need knowledge and skills which are fundamental to QI. This includes:
  - fostering a culture of quality improvement, which emphasizes a blame-free collaborative environment for promoting change;
  - the proper use of measurement tools;
  - change management strategies;
  - setting priorities for QI projects;
  - developing QI leadership skills.
- Support QI team development. This includes:
  - *Identifying the type of structure needed to lead QI.* The structure may be a new local QI team, a network of stakeholders or an extension of an existing health services planning body.
  - *Team member selection.* Successful teams depend on identifying strong, influential leaders and key stakeholders who need to be represented.
  - *Conflict resolution skill development.* This involves finding solutions to situations where improving quality may have adverse consequences for one or more stakeholder groups represented within the team.
- Offer strategies for provider behaviour change, patient engagement and system re-design.
  - *Provider behaviour change* techniques include academic detailing and use of opinion leaders.
  - *Patient engagement strategies* include patient education; providing patients with best clinical practices; and use of tools and protocols for patient participation in care decisions.
  - *System re-design* strategies provide insights on how process flows can be redesigned to reduce errors, delays, and improve compliance with evidence-based treatments.
- Best practices identification, celebration and spread. This involves:
  - scanning the literature to identify models of care which maximize quality;
  - identifying best performers within Saskatchewan and investigating the critical success factors contributing to their performance;
  - sharing ideas on how to implement best practices with QI teams working in the same area.

HQC Strategies for QI continued

It is anticipated that in most cases, the HQC will encourage the development of QI teams in different communities and regions, but that ultimate responsibility for establishing these teams will reside with other stakeholders (e.g., RHAs). Furthermore, it is anticipated that these stakeholders will vary widely in their need for assistance in QI implementation. The HQC's activities in QI implementation will be guided by the following principles:

- The HQC will assess the need for assistance in QI skill building, and offer such assistance to individual QI teams on an as-requested basis, within the limits of its budget.
- The HQC will organize larger scale QI skill building events (e.g., conferences) for multiple QI teams if it assesses that many different teams have similar needs and that it is more efficient and educational to conduct such large scale events.
- The HQC will offer some large scale QI skill building events to individuals or groups who are generally interested in QI but not yet committed to working on a specific QI project. However, as of this fiscal year, it is recommended that the majority of the HQC's QI skill building activities be targeted towards individuals committed to working on specific QI projects, and in particular, towards those individuals working on QI projects which fall within the overall provincial list of priorities for QI .

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HQC Strategies for QI continued

Communications

For the HQC to achieve its aims and objectives, stakeholders must be aware of and understand the role of our organization in quality improvement, and view our agency as a credible, value-added partner in the health system. HQC's communications function involves both general public relations/affairs activities and products, and communications-related support provided to program teams.

Key activities in this area include:

- Preparation of public reports on quality of care. Information on measures of quality of care in Saskatchewan prepared by the QM&A teams will be packaged with information on best practices and ideas for improvement; descriptions of quality improvement activities to address the concerns identified in the quality measurement; and plans for follow-up measurement of the indicators;
- Media relations, handling both the publicity surrounding public reports and other HQC activities, as well as requests for general commentary on quality of care issues in the news;
- Handling mass communication of information on quality of care for patients, providers, planners, researchers, governments and other stakeholders. Examples of such information may include:
    - care protocols for patients
    - descriptions of best practices
    - quality of care reports from the HQC and links to similar reports from other organizations
    - information, resources and weblinks for providers on QI theory and practice

  The tools used for mass communication may include the HQC web site, Health Clips, newsletters, listserv, and videos.
- Monitoring the corporate branding of the HQC, including logos, coffee cup mission statements;
- Supporting communications needs of program teams (e.g., writing/editing, product development).

HQC Human Resource Requirements

For each of the above strategy areas, the HQC will be hiring staff with the necessary competencies.

Knowledge Exchange (Quality Improvement Skill Building, Linkage and Exchange, and Communications)

- Backgrounds include:
  - psychology, change management, conflict resolution
  - social sciences
  - clinicians (pharmacists, physicians, nurses and others)
  - social marketing
  - health administrators
  - communications
  - media relations
  - public relations

Quality Measurement and Analysis

- Backgrounds will include:
  - biostatisticians
  - clinical epidemiologists
  - health economists
  - health services researchers
  - medical geographers
  - operations research experts
  - SAS programmers
  - privacy officer (ensuring security and confidentiality of data)

disease prevention

working together

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HQC Priority Setting Process

The HQC Board has previously identified the following five priority areas:

- Primary care
- Access to care
- Patient safety
- Evidence-based care management
- Culture of quality improvement

In addition to these five priorities, the HQC's first document, *Room for Improvement*, outlined the potential benefit of maximizing health promotion and disease prevention.

This strategic plan elaborates the specific operational priorities that fulfill the intent of these broader thematic priorities. It identifies several patient groupings and organizes programs of activity around their quality of care concerns. Some of these patient groupings are centred around particular chronic diseases, while others are centred around a particular location of care where patients share common concerns, while other patient groupings examine system-wide issues.

The main purpose of organizing HQC activities around patient groupings is to emphasize the fact that the HQC's activities are patient-focused. In doing so, the extent to which the sum of the HQC's activities will directly impact the population we aim to serve will become much more transparent to the public. The demonstration of such an impact on patients is crucial to the HQC's long term viability and credibility.

Initiatives aimed at improving the care experience for providers will still account for an important share of the HQC's portfolio activities. However, the recommended strategic direction is for the HQC to give priority to provider-focused projects which can demonstrate that improvements in the care experience for providers result in better patient outcomes or satisfaction. If the direct link to a benefit to patients is tenuous, then the project will be given low priority.

HQC Priority Setting Process continued

The following table lists these programs and examples of specific QI projects, which might be initiated within each program:

CORE PROGRAMS PROJECTS	Tentative List of Projects
Disease-specific Programs	
Cardiovascular disease	Post AMI management; CHF management; stroke care coordination and access
Diabetes	Diabetes management
Asthma	Asthma management in primary care; acute asthma management in ER
Mental Health	Suicide prevention; shared care models and tools
Cancer	Access to diagnosis and treatment for breast, lung and/or prostate cancer
Location of care – specific programs	
Public health / health promotion / disease prevention	Sexual health (teenage pregnancy, STDs); injury prevention; obesity/physical activity; infant mortality
Surgery	Waiting list management for at least two major procedures
Intensive Care Units	ICU quality program; adverse event reduction
Long-term Care and Community Care	Optimal prescribing in LTC; chronic wound management
System-wide programs	
Improving the patient experience	Hospital satisfaction survey; possible other settings in future
Health human resources	Family physician open access model evaluation; nursing work environment
Emerging themes/pilot projects	New ideas, opportunities identified through linkage and exchange activities
Database development	Secure access to de-identified admin data bases on site at HQC
Quality improvement support	QIN (Quality Improvement Network); innovation fund; capacity building

These above activities will form the strategic core of the HQC's activities. The choice of these priority areas has been determined through a synthesis of information from different sources, including:

- consultations last year with stakeholders throughout the province about QI priorities;
- for the disease specific areas, a consideration of the burden of illness of different disease groups;
- evidence of opportunities for improvement (literature shows current gaps between actual and optimal care in different jurisdictions);
- information on areas where there has been pre-existing interest or activity in QI within Saskatchewan;
- level of concern noted by the public and in the media.

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HQC Priority Setting Process continued

Aboriginal Health

Aboriginal health is not listed as a separate area; however, aboriginal health issues are particularly prominent within the programs of diabetes, mental health, and health promotion / disease prevention. At least one staff member within each of these theme areas will specialize in disease management or prevention from the aboriginal perspective, and the aboriginal specialists will collaborate in interactions with the aboriginal community at large. Cardiovascular disease will soon emerge as a major aboriginal health issue as this is the only major population sub-group in Canada where the incidence of disease appears to be increasing at an alarming rate. In future years, aboriginal health staff will be assigned to this area.

Pilot Projects and Emerging Themes

The HQC recommends that approximately 10% of its resources be reserved for activities which do not fit within its strategic core defined above, and managed within a special 'Pilot Projects and Emerging Themes' program. This will provide opportunities for leaders in the health care system to experiment with QI initiatives where:

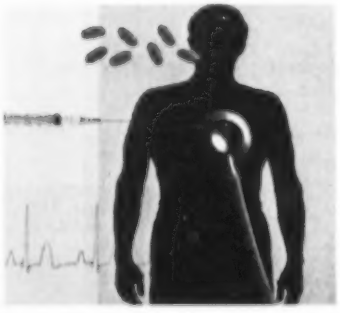
- the issue is small in magnitude but relatively easy to address;
- the clinical area is growing in importance and may emerge in the future as a major priority;
- there may be a significant quality issue of strong interest to a particular region but that this interest is not generalizable in other regions;

This program may also be used to handle requests from SaskHealth to examine new quality of care issues.

Cross-theme Activities

The HQC identifies a number of activities that will support most or all of the above themes:

- Database development
  - Access to Administrative Data
  - Primary Care Chart Abstraction Initiative (McGlynn replication)
- Culture of Quality Improvement – Cross-theme activities (e.g., QIN, conferences)



HQC Priority Setting Process continued

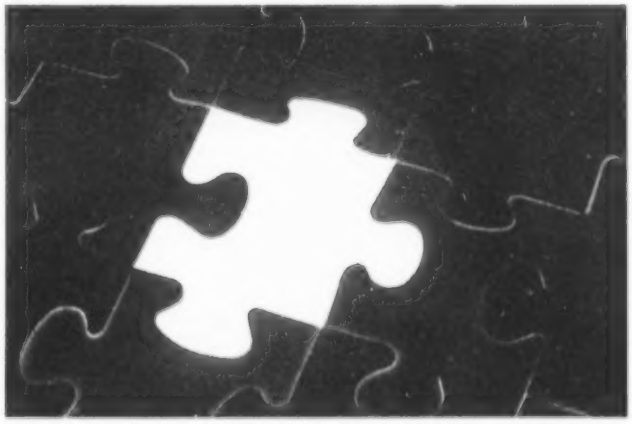
Relationship to the Previous HQC Priority Definition System

The first four of these disease-specific programs address chronic disease management. Primary care, one of the previously defined priority areas for the HQC, is where much of this disease management occurs. Thus, it is anticipated that the project leaders will be working with QI teams composed mainly of primary care physicians, with some input from specialists and hospitals. The majority of QI strategies to improve care will also involve primary care practitioners. Such interventions may include academic detailing to improve prescribing practices; use of community pharmacists as part of a team approach; patient education interventions initiated out of primary care physician offices; process changes, such as phone calls from nurses following hospital discharge to monitor issues with compliance with medications; or, for computerized primary care practices, automatic reminders to consider appropriate treatments for various chronic conditions.

As noted, health promotion / disease prevention was identified as a priority in the HQC's *Room for Improvement* document and has now been designated a separate program.

Cancer and surgery are two areas where access to care will be scrutinized. For surgery, a key measure of access is wait times. QI strategies include wait list management systems which allow patients of highest priority to be placed closer to the front of the queue, and give patients the choice of going to the doctor with the shortest waitlist; and health human resource models which attempt to reconcile future demand and need for surgery against the supply of human resources. For cancer, a key access issue is the flow of patients through the system, from one provider, procedure or treatment to the next.

The ICU is an extraordinarily complex environment at high risk for medical error and adverse events. As such, targeting this theme will allow the HQC to examine issues around patient safety. The Royal University Hospital ICU has already conducted a major internal QI initiative to reduce hypo and hyperglycemic episodes, medication errors and other adverse events. The ICU quality program aims to bring the RUH's best practices in error reduction to other ICUs in the province. The HQC may have a role in helping measure adverse events, providing education on patient safety and measuring the impact of this initiative for patients.



HQC Priority Setting Process continued

Evidence-based care management is an integral component within the five disease-specific programs. The long-term care / community care program will also examine evidence-based care management issues such as optimal prescribing in the long-term care setting and chronic wound management.

Culture of quality improvement has two components. First, the majority of activities previously categorized within culture of quality improvement will now be incorporated in this fiscal year as strategies supporting different projects. Some activities such as management of the Quality Improvement Network and conferences for stakeholders will remain within the quality improvement strategy as a cross-theme activity.

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